

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American College of Physician Services Inc PAC; aka ACP Services PAC

ADDRESS (number and street) ▼

25 Massachusetts Ave

Suite 700

☐ Check if different than previously reported. (ACC)

Washington

DC

20001-7401

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00403881

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☒ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr Richard L Trachtman Esq

Signature of Treasurer

Mr Richard L Trachtman Esq

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American College of Physician Services Inc PAC; aka ACP Services PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
03 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y
03 / 31 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		49997.17
(b) Cash on Hand at Beginning of Reporting Period.....	93119.82	
(c) Total Receipts (from Line 19)	8150.00	57540.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	101269.82	107537.17
7. Total Disbursements (from Line 31)	8950.38	15217.73
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	92319.44	92319.44
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American College of Physician Services Inc PAC; aka ACP Services PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		0	1		2	0	1	5		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		3	1		2	0	1	5		

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

6350.00

49700.00

(ii) Unitemized

1800.00

7840.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

8150.00

57540.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

8150.00

57540.00

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

8150.00

57540.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

8150.00

57540.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	450.38	1717.73
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	450.38	1717.73
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8500.00	13500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	8950.38	15217.73
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8950.38	15217.73

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	8150.00	57540.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8150.00	57540.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	450.38	1717.73
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	450.38	1717.73

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 12

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Physician Services Inc PAC; aka ACP Services PAC

Full Name (Last, First, Middle Initial)

A. Patrick Craig Alguire MD FACP

Mailing Address 189 Ash Way

City

Doylestown

State

PA

Zip Code

18901-2203

FEC ID number of contributing
federal political committee.

C

Name of Employer

ACP

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

03 / 28 / 2015

Transaction ID : C2968770

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Terence M Brady MD FACP

Mailing Address 29 Commonwealth Blvd

City

Bellerose Village

State

NY

Zip Code

11001-4145

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

03 / 28 / 2015

Transaction ID : C2968775

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. John Moncure Daniel III

Mailing Address 6900 Forest Ave
Ste 300

City

Richmond

State

VA

Zip Code

23230-1730

FEC ID number of contributing
federal political committee.

C

Name of Employer

Virginia Physicians Inc

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

03 / 26 / 2015

Transaction ID : C2966741

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Physician Services Inc PAC; aka ACP Services PAC

Full Name (Last, First, Middle Initial)

A. Sunny Desai

Mailing Address 15 Long Meadows Ln

City

Saint Louis

State

MO

Zip Code

63131-3014

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Anthony's medical center

Occupation

Physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 28 / 2015

Transaction ID : C2968808

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Kenneth Aaron Hahn MD FACP

Mailing Address 1462 S Colorado St
Apt 2F

City

Greenville

State

MS

Zip Code

38703-7263

FEC ID number of contributing
federal political committee.

C

Name of Employer

Delta Regional Medical Center

Occupation

cardiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

03 / 02 / 2015

Transaction ID : C2940142

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Carrie A Horwitch MD FACP

Mailing Address 2304 Hughes Ave SW

City

Seattle

State

WA

Zip Code

98116-1836

FEC ID number of contributing
federal political committee.

C

Name of Employer

virginia mason

Occupation

physician

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

03 / 03 / 2015

Transaction ID : C2941308

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

American College of Physician Services Inc PAC; aka ACP Services PAC

Full Name (Last, First, Middle Initial)

A. Robert H Lohr MD FACP

Mailing Address 2148 Baihly Hills Dr SW

City

Rochester

State

MN

Zip Code

55902-1300

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mayo Clinic

Occupation

physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 04 / 2015

Transaction ID : C2941883

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Richard J Seitz MD FACP

Mailing Address 1705 Laguna Dr

City

Fremont

State

NE

Zip Code

68025-9783

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fremont Health Medical Center

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 02 / 2015

Transaction ID : C2940033

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Mohamed M Shehata MD

Mailing Address 21414 Dolan Fall Ln

City

Katy

State

TX

Zip Code

77450-6170

FEC ID number of contributing
federal political committee.

C

Name of Employer

Shehata Medical Clinic

Occupation

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 27 / 2015

Transaction ID : C2968767

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1750.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 12

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American College of Physician Services Inc PAC; aka ACP Services PAC

Full Name (Last, First, Middle Initial)

A. Mohamed M Shehata MD

Mailing Address 21414 Dolan Fall Ln

City

State

Zip Code

Katy

TX

77450-6170

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Shehata Medical Clinic

Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 28 / 2015

Transaction ID : C2968768

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Michael Andrew Zimmer MD FACP

Mailing Address 777 Cattail Ct NE

City

State

Zip Code

Saint Petersburg

FL

33703-3170

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Michael A Zimmer MD PLC

Internal Medicine Physician

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
03 / 21 / 2015

Transaction ID : C2959223

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

350.00

6350.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 12

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Physician Services Inc PAC; aka ACP Services PAC

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address PO Box 53852

City	State	Zip Code
Phoenix	AZ	85072-3852

Purpose of Disbursement
Merchant Service Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2015

Transaction ID : D165299

Amount of Each Disbursement this Period

57.41

Full Name (Last, First, Middle Initial)

B. Bank of America Merchant ServicesMailing Address PO Box 2485
WA2-505-01-40

City	State	Zip Code
Spokane	WA	99210-2485

Purpose of Disbursement
Merchant Service Fees

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	03	/	2015

Transaction ID : D165298

Amount of Each Disbursement this Period

392.97

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

SUBTOTAL of Disbursements This Page (optional).....▶

450.38

TOTAL This Period (last page this line number only).....▶

450.38

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

American College of Physician Services Inc PAC; aka ACP Services PAC

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: KY	District: 06		

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: WA	District: 05		

Office Sought:	<input checked="checked" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016	<input checked="checked" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: NV	District: 03		

1000.00

4000.00

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 12

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Physician Services Inc PAC; aka ACP Services PAC

Full Name (Last, First, Middle Initial)

A. Pallone for Congress

Mailing Address PO Box 3176

City	State	Zip Code
Long Branch	NJ	07740-3176

Purpose of Disbursement
Contribution to federal candidates

Candidate Name

Rep. Frank Pallone Jr.

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	26	/	2015

Transaction ID : D165147

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Pascrell for Congress

Mailing Address PO Box 640

City	State	Zip Code
Totowa	NJ	07511

Purpose of Disbursement
Contributions to federal candidates

Candidate Name

Rep. Bill Pascrell Jr.

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 08

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	09	/	2015

Transaction ID : D164807

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Ryan for Congress

Mailing Address PO Box 1919

City	State	Zip Code
Janesville	WI	53547-1919

Purpose of Disbursement
Contribution to federal candidates

Candidate Name

Rep. Paul D. Ryan

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: WI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	02	/	2015

Transaction ID : D164731

Amount of Each Disbursement this Period

1500.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

4500.00

8500.00
